# UnitedHealthcare Community Plan of Iowa

## Annual Care Provider Training 2017

UnitedHealthcare® Community Plan | ia health link

# Agenda

**1** Top Claims Denial Reasons

**2** Claims Submission Tips by Care Provider Type

**3** Prior Authorization Information

**4** Where to Go for Help

UnitedHealthcare® Community Plan | ia health link

# Top Claims Denial Reasons

# Top Claims Denial Reasons

- Submitted charge exceeds maximum allowable rate
- Duplicate claim submitted
- Primary payer information missing if it exists
- Member was not enrolled at time of service
- Timely filing
- Payment has already been made as a bundled service
- Missing information
- Prescription refill requested too soon

# Claims Submission by Care Provider Type

# Durable Medical Equipment (DME)

- Claims must be filed on the CMS-1500 form or its electronic equivalent.

- Pharmacies that supply DME to UnitedHealthcare Community Plan members must be contracted with UnitedHealthcare as a DME care provider.

- Customized wheelchairs must include a physician's order.

- DME purchases or a cumulative rental cost of more than $500 typically require prior authorization. For a list of DME supplies requiring prior authorization, go to UHCCommunityPlan.com > For Health Care Professionals > Iowa > **Prior Authorization List**.

More information: UHCCommunityPlan.com > For Health Care Professionals > Iowa > Bulletins > **Billing Reminder for Durable Medical Equipment.**

# FQHCs and RHCs

- Federally Qualified Health Centers and Rural Health Clinics should bill using the T1015 all-inclusive face-to-face encounter code.

- **Box 24D, Line 1 – Procedures, Services or Supplies**

  - Use the T1015 code, the all-inclusive visit code.

  - Subsequent claim lines that include applicable procedure codes should be billed as "informational only" and billed at $0.

  - Claims submitted without the "**informational only**" procedure codes will be denied.

- **Box 24j - Rendering Provider ID #:** Enter the FQHC/RHC clinic national provider identifier (NPI) or leave blank.

- **Box 33a - Billing Provider Information:** Enter the FQHC/RHC clinic NPI number.

More information: UHCCommunityPlan.com > For Health Care Professionals > Iowa > Bulletins > **Billing Reminders for FQHCs and RHCs.**

# Behavioral Health

- Use CMS-1500 for CPT/HCPCS codes

- Use UB-04 for Revenue Codes and/or Revenue + HCPCS code combinations

- Refer to the Fee Schedule/Payment Appendix for appropriate codes and modifiers

- Please contact your Network Manager for details on the NPI to include in Box 24J as it depends on your contract. Find your Network Manager at UHCCommunityPlan.com > For Health Care Professionals > Iowa > **Behavioral Health Network Manager Map.**

# Family Planning and Maternal Health Centers

## Family Planning

- Prior authorization is not required for family planning services.

- Bill with the family planning clinic's NPI in box 24J.

- For birth control service fees, bill use SE modifier.

  - We are following guidelines established by Iowa Medicaid Enterprise, provided in their Informational Letter 1270 which included instructions for using the SE modifier for family planning clinic providers.

  - The letter is available at **dhs.iowa.gov.**

## Maternal Health Centers and Screening Centers

- Bill with the applicable Maternal Health Center or Screening Center NPI in box 24J.

# Nursing, Skilled Nursing and Intermediate Care Facilities

Prior authorization is **not** required for custodial care but **is** required for skilled nursing facility care **only** when Medicaid is the primary payer.

**Value codes to use:**

- Report in field(s) 39-41 "Value Codes and Amounts" of the UB-04 form. Enter the appropriate value code(s), followed by the number of covered or non-covered days in the billing period.

- If more than one value code is shown for a billing period, show them in ascending order. The number of units billed in field(s) 39-41 must equal the number of units billed in field 46 "Units of Service".

  - Use value code 80 for Covered days.

  - Use value code 81 for Non-covered days.

# Nursing, Skilled Nursing and Intermediate Care Facilities Cont'd

**Client participation amounts**

- UnitedHealthcare Community Plan receives client participation amount information from the IME, which we add to our claims system.

- Bill the total claim amount.

- Any client participation amounts are withheld from your reimbursement and indicated on the care provider remittance advice.

More information: UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Administrative Manual > **IA Health Link Care Provider Manual.**

# Home Health

- For Medicare non-covered home health services, submit the following:

    - For electronic submissions, write "Not Homebound" in the 2300 loop – billing or claim note.

    - For paper submissions, write "Not Homebound" in box 80 – remarks.

- Bill each visit on a separate line.

More information: UHCCommunityPlan.com > For Health Care Professionals > Iowa > Bulletins > **Billing Reminder for Home Health Services.**

UnitedHealthcare®
Community Plan

ia health link

# Hospice

- Prior authorization is not required.
- **Value Codes**
    - Report in field(s) 39-41 - "Value Codes and Amounts" of the UB-04 form. Enter the appropriate value code(s), followed by the number of covered or non-covered days in the billing period.
    - If more than one value code is shown for a billing period, list them in ascending order. The number of units billed in field(s) 39-41 must equal the number of units billed in field 46 - "Units of Service".
        - Use value code 80 - Covered days or value code 81 - Non-covered days.
- **Pass-through payments**
    - Enter the name of the facility and its NPI in field 80 "Remarks". Hospice care providers will be reimbursed for 95 percent of a nursing facility's daily room and board.
    - Follow correct ICD-10 coding guidelines and be sure to report the primary diagnosis for the terminal illness on claims. A list of non-reimbursable ICD-10 diagnosis codes is available in the Iowa Medicaid Hospice Provider Manual.

Doc #: PCA-1-007486-08042017_09082017

UnitedHealthcare®
Community Plan

ia health link

# HCBS Waivers

- HCBS waiver services are authorized through the community-based case managers during care planning assessment and determination of needs.

- Bill using the ICD-10-CM diagnosis code Z76.89 - "Persons encountering health services in other specified circumstances."

More information: UHCCommunityPlan.com > For Health Care Professionals > Iowa > Bulletins >  **HCBS & Habilitation Services Claim Submission Tips.**

# Coordination of Benefits

## Third Party Liability (TPL)

- UnitedHealthcare Community Plan follows the State's Third Party Liability policy.
    - If the service code billed is on the Medicare non-covered list or defined as Pay & Chase, a remittance advice or other documentation from the primary insurance is not required.
    - Otherwise, you should either bill the primary carrier to obtain the primary carrier's Explanation of Benefits/Explanation of Medicare Benefits or obtain other state-approved documentation.

## Cost avoidance exceptions

- Prenatal care for a pregnant woman
- Coverage derived from a parent whose obligation to pay child support is being enforced by the State Title IV-D Agency
- Preventive pediatric services

# Prior Authorization Information

# Prior Authorization

**Excluding emergency or urgent care or family planning services, all other out-of-network services require prior authorization.**

- If you are an out-of-network physician, facility and other health care provider, please obtain prior authorization for all out-of-network services, except emergency, urgent care or family planning services.

- A list of services requiring prior authorization is available at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Information > Select **Prior Authorization List**.

- Include **all** supporting documentation. Acute Medical Prior Authorization Forms are available at UHCCommunityPlan.com > For Healthcare Professionals > Iowa > Provider Forms > **Prior Authorization Request Form – Acute Medical**

- Cardiology and radiology  prior authorization information is available at **UHCCommunityPlan.com** > For Healthcare Professionals > Iowa > Select **Cardiology or Radiology**.

- **Behavioral Health:** Prior authorization is not required for outpatient services but is required for inpatient services. Refer to the Prior Authorization List  online for more details.

# Where to Go for Help

# Where to Go for Help

**Provider Services - 888-650-3462**

- Get help with questions you have about member eligibility and benefits, claims status, demographic changes, prior authorizations and more.

- Have your National Provider ID (NPI) ready.

- Representatives are available 7:30 a.m. to 6 p.m.

**Online Tools – Link Dashboard:**

To access your Link dashboard, go to **UHCprovider.com** (previously UnitedHealthcareOnline.com) and click the Link button in the top right corner. Sign in using your Optum ID. If you're a new user, click the New User button in the top right corner of UHCprovider.com to get started. You'll have access to the following apps:

- claimsLink

- eligibilityLink

- My Practice Profile

- Prior Authorization and Notification

# Where to Go for Help cont'd

**Provider Advocates**

- Escalated Inquiries

- Training needs aside from online resources such as face-to-face support

- The following staff contact maps are available at UHCCommunityPlan.com > For Health Care Professionals > Iowa > Provider Information > **Provider Advocate Look Up**:

  - Behavioral Health Network Manager

  - Home- and Community-Based Services Advocates

  - Skilled Nursing Facility/Nursing Facility Advocates

  - Health Home Transformation Consultants

  - Physician/Ancillary Advocates

  - Clinical Practice Consultants

**Other Resources**

- UHCCommunityPlan.com provides ongoing training and reference guides.

Thank You.